

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|   |   |                                 |  |   |  |
|---|---|---------------------------------|--|---|--|
| <b>NAME OF FILER</b><br>IBEW LOCAL 440 PAC FUND |   |                                 | <b>Date of This Filing</b> _____ 04/11/2017                                      | Date Stamp<br><br><br><br><br><br><br>Page 1 of 2 | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 497                 </div> For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(951)684-5665  | <b>I.D. NUMBER</b> (if applicable)<br>1302490 | <b>Report No.</b> _____ 01-2017 |  |   |  |
| <b>STREET ADDRESS</b><br><br>                   |   |                                 | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |  |
| <b>CITY</b><br>RIVERSIDE                        | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>92507        | <b>No. of Pages</b> _____ 2  |   |  |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|--|---|-----------------|
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |

### \*Contributor Codes

|   |                                   |
|---|-----------------------------------|
| IND - Individual                                  | PTY - Political Party             |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other                                       |                                   |

Reason for Amendment:

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| <b>STREET ADDRESS</b>                           |   |                          | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |   |
| <b>CITY</b><br>RIVERSIDE                        | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>92507 | <b>No. of Pages</b> 2  |   |   |

## Late Contribution(s) Made

| DATE MADE  | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)              | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION                       | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|------------|---|--|------------------------|-------------------------------------|
| 04/11/2017 | RAFAEL ELIZALDE FOR RIVERSIDE CITY COUNCIL 2017<br>RIVERSIDE, CA 92502<br><br>ID# 1392250 Memo Reference: 1 | RAFAEL ELIZALDE<br>RIVERSIDE CITY COUNCIL<br>Jurisdiction: City<br>RIVERSIDE | \$1,000.00             | 06/06/2017                          |
|            |   |  |                        |                                     |
|            |   |  |                        |                                     |
|            |   |  |                        |                                     |
|            |   |  |                        |                                     |

Reason for Amendment: